

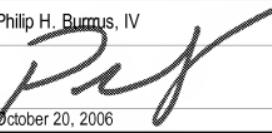
# TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Total Number of Pages in this Submission	10	Application Number	09/876,504
		Filing Date	June 7, 2001
		First Named Inventor	Philip H. Burrus, IV
		Group Art Unit	3622
		Examiner Name	Lakstra, Daniel
		Attorney Docket Number	EN11309

	<b>ENCLOSURES</b>	<b>(check all that apply)</b>
<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> After Allowance Communication to Group
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Licensing-Related papers	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/Declaration(s)	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Status Letter with appropriate copies
<input type="checkbox"/> Extension of time Request	<input type="checkbox"/> Power of Attorney, Revocation, Change of Correspondence Address	<input type="checkbox"/> Other Enclosure(s) (please identify below)
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	<input type="checkbox"/> Response to Restriction Requirement
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	<input type="checkbox"/> Associate Power of Attorney
<input type="checkbox"/> Certified Copy of Priority Documents	<input type="checkbox"/> CD, Number of CDs	<input type="checkbox"/> RCE
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application		<input type="checkbox"/> Credit Card Payment Form
<input type="checkbox"/> Response to Missing Parts Under 37 CFR 1.52 or 1.53		
	Remarks	

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual	Philip H. Burrus, IV 	Registration No.	45,432
Signature			
Date	October 20, 2006		

## CERTIFICATE OF TRANSMITTAL/MAILING

I hereby certify that this correspondence is being facsimile transmitted to facsimile number 571-273-8300 or deposited with the United States Postal Service with sufficient postage thereon, as first-class mail, in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313 on the date listed below:

Typed or printed name	Philip H. Burrus, IV	
Signature		Date